

Safe Passage Handbook for Conducting Interviews

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43 Center Street, Suite G • Northampton, MA 01060-3004 • www.safepass.org

Service Center	HOTLINE	Toll free line	E-mail	Fax
413-586-1125	413-586-5066	888-345-5282	info@safepass.org	413-286-3742
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Introduction

Safe Passage has been awarded a grant entitled “Promising Practices: Serving Crime Victims with Disabilities” through SafePlace in Austin, TX. Safe Passage is embarking on the first of this three-year grant to develop a coordinated community response to victims of crime with disabilities.

Safe Passage is a community-based agency that, for more than 25 years, has offered comprehensive services, advocacy, and shelter to battered women and their children in Hampshire County. In 1999, Safe Passage was awarded a Violence Against Women Act (VAWA) grant to develop a Disability Services Program, and in 2000 was awarded a Victims of Crime Act (VOCA) grant to hire a full-time Disability Services Advocate.

Safe Passage has demonstrated our organizational commitment to providing appropriate services for battered women with disabilities and/or their children with disabilities, in our newly renovated, accessible facilities, Safe Passage House, and a newly accessible Service Center centrally located in downtown Northampton. The Promising Practices grant pairs us in an ongoing collaborative relationship with our principal project partners Stavros Center for Independent Living and the NW District Attorney’s Elders and Persons with Disabilities Unit.

A preliminary survey was administered in 2000, conducted in conjunction with Stavros Center for Independent Living, indicating our community’s need for this work. The Project Coordinator also initiated in the same year the formation of Safety Plan for Animals, or SPAN, a volunteer program to foster pets and service animals for women fleeing abusive situations.

The Promising Practices Project Coordinator has assembled a Disability Services Task Force, comprised of community agencies serving persons with disabilities. Members of the Task Force include Community Enterprises, ServiceNet, as well as representatives of the Massachusetts Commission for the Deaf & Hard of Hearing, Commission for the Blind, Mass. Rehabilitation Commission, Department of Mental Health, Department of Mental Retardation, the local Rape Crisis agency—Everywoman’s Center, consumer groups such as the Freedom Center, and community representatives with disabilities who have been victims of crime.

The Project Coordinator and members of the Disability Services Task Force have initiated the community needs assessment by conducting a S.W.O.T. (Strengths Weaknesses, Opportunities, Threats) exercise at an earlier task force meeting, as well as a mapping exercise, to examine the path a crime victim might take through the existing agencies and systems.

In October and November, discussion (focus) groups were held as a means of collecting primary data from crime victims with disabilities in small settings. Building upon these successful meetings, we are proceeding with the next phase of the community needs assessment. Interviews with key informants will be initiated in December, 2003—

individuals with disabilities who have been victims of crime (reported or unreported) 18 years and older who are residents of Hampshire County, who are unable or unavailable to participate in interviews, and agency representatives who work with people with disabilities, or in some cases, family members or caregivers of persons with disabilities who have been victims of crime.

Interviews are an important facet of our needs assessment, as they can provide in-depth conversations in more intimate, safe, and comfortable settings, often the home of the individual, or other safe location. We will collect first-hand data from survivors, caregivers, family members, and service providers, which can help us more accurately paint the picture of abuse against people with disabilities living in our community, and help point us in the direction to rectify inadequacies and strengthen our community's response to crime against members of our community family.

Plan:

We will be holding interviews with community members with disabilities, caregivers, parents, siblings or other family members, and service providers, as follows:

- Participants will be individuals 18 years of age and older residing in Hampshire County, or who have resided or worked in Hampshire County, who have a disability and have been a victim of crime; or key informants, staff members of agencies that work with people with disabilities, members of families, or caregivers of persons with disabilities.
- Participants will be recruited via flyers, newspaper ads and press releases, presentations to members, and word of mouth.
- Community members who participate in an interview will receive a \$25 honorarium, and public transportation reimbursement if requested.
- Interviews will be held in safe, accessible locations, including the Safe Passage Service Center, 43 Center Street, in downtown Northampton, MA, the local rape crisis center, (Everywoman's Center), local community centers, seniors centers, other agency locations, or in the homes of participants.
- The first interviews will be held in the week beginning Monday, December 1, and proceed until December 31, 2003.
- Interview facilitators will make clear to participants the format of the interview, its time frame, how the information will be used, as well as issues the interview will not be addressing.
- Participant confidentiality will be assured, and one can decline to participate at any time without penalty.
- Project Staff, facilitators, note takers, sign language interpreters, and assistants will be asked to sign a Staff Confidentiality Pledge in the presence of participants;
- Interviewees will be asked to sign a Participant Informed Consent/Confidentiality Form at the beginning of the interview;
- Interview participants will be asked 5 questions (listed below) and given an opportunity to respond to these questions verbally or in sign language during the interview.

- The framework of the interview will be a short introduction, followed by the signing of a consent/confidentiality form by the interviewer/facilitator, note taker, and interviewee.
- In addition, a short written questionnaire will be filled out by interviewees prior to leaving the interview (copy attached).
- Participants will be given a list of resources and contact people at the close of the interview.
- Cindy Green, Project Coordinator, will facilitate the interviews with assistance provided by Becky Lockwood, Associate Director of Rape Crisis and Violence Prevention programs at Everywoman's Center at the University of Massachusetts; James Harris, Case Manager at Massachusetts Commission for the Deaf and Hard of Hearing; Ezzell Floraniña, Special Needs Director, Town of Amherst; Tory Dixon, Stavros Center for Independent Living Advocate; and Heather Robbins, Disability Services Project intern at *Safe Passage*. All are staff members of *Safe Passage*, the domestic violence service provider in Hampshire County, Everywoman's Center, or members of the Disability Task force working group on interviews.
- The information will be compiled and analyzed by project staff, Cindy Green, Betsy Shally-Jensen, Becky Lockwood, James Harris, Ezzell Floraniña, Tory Dixon, and Heather Robbins, Project Intern, with support from subcommittee members.
- We will submit the compiled results of the interviews to SafePlace & Task Force by January 20, 2004.

- Location, Refreshments

Interviews will be held in safe, comfortable, accessible locations, the first being held at the *Safe Passage* Service Center, and other accessible locations in Hampshire County. Healthy snacks and beverages will be provided for the half-hour preceding and during the interviews as a means of welcoming participants and making them feel more comfortable.

- The 5 Questions: (attached)
 1. What services/support did you seek from family, friends, counselors, lawyers, agencies?
 2. What support did you receive?
 3. What services were not available; what needs were not met?
 4. What obstacles did you encounter while seeking support and services?
 5. What solutions would you recommend to improve services for people with disabilities? What can be done differently?

- Screening Potential Interview Participants

Potential participants are asked to call and leave their first name only and a safe phone number and convenient times to reach them in the project voice mailbox.

A Participant Telephone Intake/Screening Form will be used to collect information about potential participants (copy attached).

The following questions/points are addressed with all potential participants to clarify the objective of the interview and to determine the individual's expectations and readiness to participate in such an activity:

- The nature of their disability and any accommodations needed to participate, including Sign Language Interpretation or Certified Deaf Interpretation, language preference, large print format, mobility, transportation, childcare needs, food or scent allergy, and the ability to sit/ remain for up to two hours with attention;
- Their ZIP code, age (must be 18 or over), residency at the time of the crime, and demographics;
- Participants will receive a \$25 cash honorarium at the close of the interview, and reimbursement of liftvan tickets for the local para-transit system if requested;
- We will ascertain, briefly, the nature of the crime they experienced, and what services/agencies they utilized;
- We will clarify to minimize the possibility that participating in an interview could harm a participant's ongoing legal case;
- We will use first names only (and/or numbers) as identifiers during the interview, assuring the participant that we will translate names to numbers when data is being compiled and stored;
- Clearly identify what information will be made public, such as themes, aggregate information, or pieces of information such as a quote;
- Clearly identify what information will not be made public, such as names, stories, etc;
- Inform participants that Massachusetts law mandates that the disclosure of abuse, intent to commit a crime, or the infliction of harm to self or others be reported;
- Inform the participants that they will be asked to sign an Informed Consent/Confidentiality Contract (copy attached) at the onset of the interview;
- Inform the potential participant that the facilitators, note-takers, interns and assistants present will also sign a Staff Confidentiality Pledge (copy attached);
- Inform the potential participant that they participate completely voluntarily, and that they are free to leave at any time, to ask for assistance, and to leave without penalty;
- Inform the participant that they will be asked to complete a short questionnaire at the end of the interview;
- Inform participants that self-care is really important, and to take care of oneself during the interview. Any questions that make one feel uncomfortable do not have to be answered;
- Participants will be asked the times available, to determine which interview would be most convenient for the participant to attend;
- Participants will be informed prior to participation that the interview will NOT be videotaped, it may be audiotaped, and that notes will be taken; that any audiotapes will be used to supplement note taking for clarity only, will be kept under lock and key, and destroyed after transcription. In no case will the tape be heard by others than those present at the interview and the Project Coordinator;

- Participants will be informed that they, themselves, may not receive any direct benefit from participating in this interview, but that the information and experiences they share can directly benefit others;
- Participants will be informed that the Project will utilize the information to develop a strategic plan to overcome barriers and service gaps in our community, and provide access to justice for crime victims with disabilities;
- Participants will be informed that they will have an opportunity to ask questions, & that they will be given a list of resources at the end of the interview should they have questions or concerns not able to be addressed during the interview.
- Outreach/Recruitment Flier (attached)

The Recruitment flier was designed to reach potential participants with disabilities who live in Hampshire County, and was translated into Spanish and mailed out to:

- Stavros Center for Independent Living mailing list (Hampshire County residents)
 - Task Force Members
 - Community centers, churches, local bulletin boards and senior centers.
 - Area human service providers from the *Safe Passage* database, including:
 - Riverside Industries, a local sheltered workshop
 - Jessie's House, a shelter for homeless families
 - Interfaith Cot Shelter (ServiceNet), etc.
 - Remuneration
- Participants who attend interviews will be awarded a \$25 cash honorarium for their time, liftvan tickets if requested, and asked to sign a receipt upon leaving the meeting. Also included in their honorarium envelope will be a list of available resources through *Safe Passage* including our 24/7 Hotline number, which includes other service providers and a *Safe Passage* business card.

1. Data Compilation

Information collected from the interviews will be compiled from the narrative notes taken during the interviews and from the short questionnaires filled out by participants. The data will be analyzed for themes encountered, and consolidated into areas to address to aid us in developing a strategic plan to overcome barriers and service gaps in our community.

Safe Passage Promising Practices Project Interview
Participant Telephone Intake/Screening Form

✓YES, I want to be part of an interview for people with disabilities.

First name only: _____ Age: _____ Year of birth: _____

Town: _____ ZIP code: Gender: F M T

My SAFE phone number is: _____ (No record will appear on your Caller ID)

Best times to reach me: Morning: _____ Afternoon: _____ Night: _____

Best time for me to attend: 10am–12noon 1–3pm 3–5pm 6–8pm

Childcare needed. 1st name and age of child: _____

Accommodations needed for child/ren: _____

Inform callers of the following:

Food will be provided one half-hour prior to the interview, and they are invited to come and eat;

Participants will be asked to sign an Informed Consent/Confidentiality Agreement;

Participants will receive and sign a receipt for a \$25 honorarium;

The interview will NOT be videotaped, it may be audiotaped, and notes will be taken. Any audiotapes will be used to supplement note-taking for clarity only, and will be kept under lock and key and destroyed. In no case will the tape be heard by others than those present at the interview and the Project Coordinator;

Interviewees will be asked to complete a short questionnaire at the end of the interview;

Self-care is really important, and folks need to take care of themselves during the interview. Accessible rest rooms are located outside in the hall adjacent to the conference room. If any of the questions makes someone feel uncomfortable, they do not have to be answered;

Trained counselors will be available after the interview if someone needs to speak with a counselor; appointments can also be made for future support at the end of the interview;

Participants, themselves, may not receive any direct benefit from participating in this interview, but the information and experiences they share can directly benefit others;

Participants will have an opportunity to ask questions and receive answers; they will be given resources at the end of the interview should they have questions or concerns not able to be addressed during the interview.

HOW DID YOU HEAR ABOUT THIS INTERVIEW?

- I received a mailing from Stavros Center for Independent Living
- I received a mailing from Stavros Deaf Services
- I received a mailing from Safe Passage
- I saw an announcement in:
 - The Daily Hampshire Gazette Amherst Bulletin
 - The Sun (Holyoke) The Republican
 - The Collegian La Clave
 - The Greenfield Recorder Town Crier
 - Council on Aging Newsletter E1 Dialogo Bilingüe
 - The Valley Advocate Other: _____
- I saw a flier posted at:
 - Safe Passage Mass Rehab Commission Everywoman's Center
 - Stavros Center Bangs Community Center Thorne's Market
 - North'n Senior Center Hadley Senior Center
 - Williamsburg Senior Center South Hadley Senior Center
 - Easthampton Senior Center Belchertown Senior Center
 - Amherst Senior Center Quaker Meetinghouse
- Word of mouth Family Friend PCA
- Healthcare provider/counselor
- I don't know/can't remember/don't wish to say.

Nature of the crime experienced:

Location of victimization:

When did abuse begin? (Age) _____ Residency (town) at time of crime: _____

For how long did it continue? _____

What services did you seek? _____

DISABILITY ACCOMMODATIONS

 Multiple Disabilities
 Perceived Disability
 Formerly Disabled

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<input type="checkbox"/> Speech impediment/Lisp/Stutter/difference																																																																																																																
Accommodation Needs:																																																																																																																
<input type="checkbox"/> ASL Interpreter																																																																																																																
<input type="checkbox"/> CDI Interpreter																																																																																																																
<input type="checkbox"/> Cued speech																																																																																																																
<input type="checkbox"/> Lip Reader																																																																																																																
<input type="checkbox"/> CART																																																																																																																
<input type="checkbox"/> Español Interpreter																																																																																																																
<input type="checkbox"/> Other language:																																																																																																																
<input type="checkbox"/> Large Print																																																																																																																
<input type="checkbox"/> Braille/ Braille writer																																																																																																																
<input type="checkbox"/> Tape/ Communication Access Realtime Translation																																																																																																																
<input type="checkbox"/> Kurzweil reader																																																																																																																
Assistive Devices used:																																																																																																																
<input type="checkbox"/> Manual Chair																																																																																																																
<input type="checkbox"/> Electric chair/ Scooter																																																																																																																
<input type="checkbox"/> Cane																																																																																																																
<input type="checkbox"/> Crutches																																																																																																																
<input type="checkbox"/> Walker																																																																																																																
<input type="checkbox"/> Hearing Aid/ Amplifier																																																																																																																
<input type="checkbox"/> TTY																																																																																																																
<input type="checkbox"/> Prosthetics/Braces																																																																																																																
<input type="checkbox"/> Heart monitor/ Pacemaker																																																																																																																
<input type="checkbox"/> TouchPad/ Communicator																																																																																																																
<input type="checkbox"/> Electro-Larynx																																																																																																																
<input type="checkbox"/> Magnifier																																																																																																																
<input type="checkbox"/> Oxygen/Oxygen monitor																																																																																																																
<input type="checkbox"/> Other aid:																																																																																																																
<input type="checkbox"/> Service animal (specify):																																																																																																																
Developmental Disabilities:																																																																																																																
<input type="checkbox"/> Down Syndrome																																																																																																																
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder																																																																																																																
<input type="checkbox"/> Dyslexia																																																																																																																
<input type="checkbox"/> Mental Retardation																																																																																																																
<input type="checkbox"/> Autism/Asperger's																																																																																																																
<input type="checkbox"/> Williams Syndrome																																																																																																																
<input type="checkbox"/> Able to sit/ stay 1.5 hours with attention																																																																																																																
<input type="checkbox"/> Other (specify):																																																																																																																
Food/Allergy:																																																																																																																
<input type="checkbox"/> None/ Eats all																																																																																																																
<input type="checkbox"/> Dairy																																																																																																																
<input type="checkbox"/> Wheat																																																																																																																
<input type="checkbox"/> Gluten																																																																																																																
<input type="checkbox"/> Sugar																																																																																																																
<input type="checkbox"/> Chocolate																																																																																																																
<input type="checkbox"/> Caffeine																																																																																																																
<input type="checkbox"/> Nuts																																																																																																																
<input type="checkbox"/> Other (specify):																																																																																																																
<input type="checkbox"/> Needs straws?																																																																																																																
<input type="checkbox"/> Eating assistance?																																																																																																																
Invisible Disabilities:																																																																																																																
<input type="checkbox"/> Chronic Fatigue/ Immune Dysfunction Syndrome																																																																																																																
<input type="checkbox"/> Epstein-Barr																																																																																																																
<input type="checkbox"/> Fibromyalgia																																																																																																																
<input type="checkbox"/> Multiple chemical sensitivity																																																																																																																
<input type="checkbox"/> Scent allergy																																																																																																																
<input type="checkbox"/> Diabetes																																																																																																																
<input type="checkbox"/> Epilepsy																																																																																																																
<input type="checkbox"/> Arthritis/ Osteoarthritis																																																																																																																
<input type="checkbox"/> Sarcoidosis																																																																																																																
<input type="checkbox"/> Ehlers-Danlos syndrome																																																																																																																
<input type="checkbox"/> AIDS or HIV+ status																																																																																																																
<input type="checkbox"/> Alzheimer's Syndrome																																																																																																																
<input type="checkbox"/> Dementia																																																																																																																
<input type="checkbox"/> Aphasia																																																																																																																
<input type="checkbox"/> Cancer / post-cancer																																																																																																																
<input type="checkbox"/> Asthma/ Respiratory																																																																																																																
<input type="checkbox"/> Lupus																																																																																																																
<input type="checkbox"/> Heart disease/ condition																																																																																																																
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)																																																																																																																
<input type="checkbox"/> Balance																																																																																																																
<input type="checkbox"/> Inner ear/ Meniere's																																																																																																																
<input type="checkbox"/> Other (specify):																																																																																																																

Sensory/Speech/Facial continued:
<input type="checkbox"/> Physical/ Facial
<input type="checkbox"/> Burn/ Scarring
<input type="checkbox"/> Other (specify

Transportation Needs:
<input type="checkbox"/> Lift van tickets <input type="checkbox"/> \$2 <input type="checkbox"/> 50¢
<input type="checkbox"/> Bus
<input type="checkbox"/> Taxi
<input type="checkbox"/> Other (specify)

Safe Passage Promising Practices Project
Service Provider Interview Questionnaire

Safe Passage, in conjunction with the District Attorney's Elders and Persons with Disabilities Unit, Stavros Center for Independent Living, and many community agencies serving people with disabilities, is conducting a year-long community needs assessment for people with disabilities victimized by domestic violence/sexual assault.

One component of this assessment is individual interviews with key informants. Interviews will provide a broad range and depth of information from community members considered experts on this topic. Experts include clients/participants, their family members, and service providers.

As with other information gathering tools used in this year-long assessment, we are seeking to understand the nature of the help needed and received; the manner in which help was provided; the adequacy of the system response/overall satisfaction; specific barriers that prevented some/all needs being met; the impact of the current community response on the victim; and the ideal systems response. By responding to the following questions, key informants will help us to identify themes across individuals, communities, and systems, and to isolate patterns and changes over time.

1. What agency are you from?
2. How long have you worked with people with disabilities?
3. What is your best professional estimate on the numbers/percentage of people with disabilities that have been abused by an intimate partner, caregiver, family member, PCA?
4. What percentage of those who are abused report that abuse?
5. If they do report the abuse, to whom do they report? (police, family/friend, civil agency, Safe Passage, EWC, STAVROS, PCA, etc.)
6. If victims do not report the abuse, why not? (list?)
7. In your estimate, what are the some of the basic support/services that victims of crime with disabilities need?
8. What support/services do victims readily receive that are helpful?
9. What support/services that are critically needed are not readily available?
10. What do you think are the major obstacles to accessing support/services?
11. Have you noticed any general patterns in systems' responses (strong or weak) to crime victims with disabilities in terms of age, race/ethnicity, language, educational level, income, residence, sexual orientation, type of disability?

12. Can you comment on the impact on victims with disabilities of the current community response to crimes against them?
13. What can be done differently? What specific changes should be made? What solutions would you recommend to improve services for victims of crime with disabilities?

Thank you for responding to this questionnaire. Please return to _____
at your agency by December 15th, 2003.

**If you have concerns or questions about this project, please contact:
Cindy Green, Safe Passage, Project Coordinator, 413-586-1125**

Safe Passage Promising Practices Project **Interview Questions/ Family & Caregivers**

Interviews are intended to be somewhat interactive, drawing upon the unique experiences of each interviewee. We use interviews to hear from people who may not be visible in official statistics or services, who may not be heard, or who may be all too often dismissed. Individual interviews can provide a quieter, less public format for sharing painful memories than a discussion group. We may hear extraordinary responses to questions not possible in a larger setting.

Interviews can give providers, caregivers, family members of persons with disabilities a chance to be heard, and relate what they observed, experienced, or learned about their family members and loved ones, individuals who, by the nature of their disability, may be unable to speak their own stories.

Interviews can help us learn about institutional responses, via personal experiences. They can also pinpoint awareness of weaknesses or strengths in agency protocols that we may be unaware of, which need to be further addressed. They also help identify themes across individuals, communities, and systems. The following topics provide the framework for our interview questions outlined below. What we are seeking to identify is: the nature of the help people need and receive; the manner in which help is provided; the adequacy of the system response/overall satisfaction; specific barriers that prevent some/all needs being met; the ideal systems response.

As a person with a disability victimized by crime, (or a caregiver or family member of a person with a disability who experienced a crime or crimes, or a provider of services to persons with disabilities) who have experienced a crime:

1. What services/support did you (or your caregiver or family member) *need* from family, friends, counselors, lawyers, agencies?
2. What support did you (or your caregiver or your family member) receive? *What worked* well for you (or your family member)?
3. What services were not available? *What needs were not met?*
4. What *obstacles* did you (or your caregiver or your family member) encounter while seeking support and services?
5. What can be done differently? What *changes* should be made? What *solutions* would you recommend to improve services for people with disabilities?

**If you have concerns or questions about this project, please contact:
Cindy Green, Project Coordinator at 413-586-1125**

**Safe Passage Promising Practices Project
Staff Confidentiality Pledge**

Safe Passage staff, facilitators, Disability Task Force members, note-takers, counselors, interns, and assistants conducting interviews for persons with disabilities assure all respondents and participating organizations that the information shared in these interviews will be held in the strictest confidence by these individuals and organizations, and in no way will information be disclosed in such a way that individuals are identifiable.

Access to the data collected in these interviews by consent of the interviewees who have been guaranteed confidentiality except when the intent to commit a crime or harm themselves is revealed to the facilitators. Participant right to privacy is protected under Massachusetts law.

I have carefully read and understand this assurance which pertains to the confidential nature of all information and records to be handled while conducting these interviews.

As a facilitator, note-taker, counselor, intern or assistant, I understand that I am prohibited by law from disclosing any such confidential information which has been obtained under the terms of this agreement, and that I will not discuss with anyone particulars disclosed during this interview which would identify participants or their organization on the outside.

I understand that any willful and knowing disclosure of information released to this project may constitute a violation of law, may subject the violator to a fine, and may subject Safe Passage employees and other Task Force members to disciplinary action, up to and including termination of employment.

(Signature)

(Print Name)

(Date)

(Witness)

(Print Name)

(Date)

**If you have concerns or questions about this project, please contact:
Cindy Green, Project Coordinator at 413-586-1125**

Safe Passage Promising Practices Project
Interviewee Informed Consent/Confidentiality Form

Thank you for your interest in talking with *Safe Passage* and members of the DV & Disability Task Force at the interviews about services to persons with disabilities victimized by crime in Hampshire County, Massachusetts. Your experience and opinions are very important as we work with people in our area to try to improve how our community responds to crime victims.

The decision of whether to participate is completely up to you. Whether you do participate, and what you say if you do participate, will be kept completely confidential (unless you tell us you plan to commit a crime or harm yourself, then we may be required by law to report that). That is, no one except the interview team will ever find out who participated or what they said. This is to make sure that your privacy is respected, and to make sure that nothing that happens in this meeting will have any effect on services you may be receiving or a court case you may be involved in. When we report the results of our work, we will discuss general patterns and themes that emerge. If we use examples to illustrate points, we'll only do so in a way that is completely anonymous, and protects your confidentiality.

We ask that everyone in the interview respect each other's privacy as well. Please do not tell anyone outside this interview who participated in it or what anyone else said.

At the termination of this interview, you will receive a \$25 cash honorarium as a thank you for your time.

Please sign below to indicate that you have read and understood this information. All signed forms will be locked up, and only project staff who have pledged to protect interviewees' confidentiality will be able to access them when needed.

I understand that my participation in this project is completely voluntary, and I freely agree to take part.

I also understand that my privacy will be protected (as far as allowed by law), and I agree to respect the privacy of others who are participating with me. I will not tell anyone outside the interview who participated in it or what anyone said.

I understand that I will receive \$25.00 cash honorarium for my participation at the completion of this interview.

(Signature)

(Print Name)

(Date)

**If you have concerns or questions about this project, please contact:
 Cindy Green, Safe Passage, Project Coordinator, 413-586-1125**

***Safe Passage Promising Practices Project
Interview Honorarium Receipt***

As a voluntary participant in the Interview conducted by Safe Passage as part of the Promising Practices Project, I acknowledge that I have received:

a \$25 cash honorarium as a thank you for my time.

My participation in this interview will be kept strictly confidential by Project facilitators/coordinators/staff/counselors.

I have also been given follow-up information about services available to me for counseling and support at Safe Passage.

(Signature)

(Print Name)

(Date)

Thank you very much for your participation in this important project.

**If you have concerns or questions about this project, please contact:
Cindy Green, Project Coordinator at 413-586-1125**

Safe Passage Promising Practices Project
Interview PVTA Liftvan Ticket Reimbursement/Receipt

As a voluntary participant in the interview conducted by Safe Passage as part of the Promising Practices Project, I acknowledge that I have received (so that I could travel to/from the interview to participate):

_____ PVTA Liftvan Tickets = \$ _____

_____ \$2.00 PVTA Tickets

_____ \$.50 PVTA Tickets

My participation in this Interview will be kept strictly confidential by Project facilitators/coordinators/staff/counselors.

I have also been given follow-up information about services available to me for counseling and support at Safe Passage.

 (Signature)

 (Print Name)

 (Date)

Thank you very much for your participation in this important project.

**If you have concerns or questions about this project, please contact:
 Cindy Green, Safe Passage, Project Coordinator, 413-586-1125**

**Safe Passage Promising Practices Project—Interviews
Survey for People with Disabilities**

Safe Passage, in a joint collaboration with *Stavros Center for Independent Living*, the *Northwest District Attorney's Office*, and other community agencies, is seeking to create better services for people with disabilities who are or have been in controlling or hurtful relationships with family members (spouse, partner, adult child/grandchild, or other relative) or caregivers. *Safe Passage* is one of ten nationwide grantees receiving funds for "Promising Practices Serving Crime Victims with Disabilities," offered by *SafePlace* in Austin, Texas through the Office for Victims of Crime.

The survey has three sections. First, we would like background information from you to make sure we talk with people from different groups, ages, and backgrounds. The next few questions ask about your relationships with your family/partner or caregiver. Finally, we would like your ideas about services that might help people with disabilities who are being harmed by family members or caregivers. ***You do not need to sign your name. All of your answers are anonymous and confidential.*** Thank you for taking the time to fill out this survey.

A. DEMOGRAPHICS: To help us make sure that we get a good representation from the Hampshire County area, **please check** the answers that best describe you below. **Keep in mind all responses will be kept confidential.**

1. Are you filling out this survey for yourself?
 Yes No

2. If no, for whom are you filling it out?
 For a person who is sitting with me now.
 On behalf of someone else not sitting with me now.

3. If no, which of the following best describes your relationship to the person for whom you are completing the survey?

<input type="checkbox"/> Advocate	<input type="checkbox"/> Friend	<input type="checkbox"/> Sister
<input type="checkbox"/> Brother	<input type="checkbox"/> Husband	<input type="checkbox"/> Son
<input type="checkbox"/> Caseworker	<input type="checkbox"/> Mother	<input type="checkbox"/> Support Staff
<input type="checkbox"/> Daughter	<input type="checkbox"/> Partner	<input type="checkbox"/> Other Relative: _____
<input type="checkbox"/> Father	<input type="checkbox"/> PCA (Personal Care Attendant)	
<input type="checkbox"/> Other: _____		

4. Are you your own legal guardian?
 Yes
 No

5. What is your living situation?
 Alone With spouse Nursing Home

- Congregate With children Friend
 Group Home Roommate Other: _____
 Personal Care Attendant (PCA)

6. What is your age?

- 18–25 26–40 41–59
 60–69 70–79 80+

7. What is your sex?

- Female Transgender
 Male Intersexed

8. What is your Sexual Preference?

- Primarily Heterosexual (Straight)
 Primarily Homosexual (Lesbian, Gay, Queer)
 Primarily Bisexual (both sexes)

9. Which of the following best describes your Race/ Ethnicity/ Ancestry?

- Black/African American Asian Cambodian
 Cape Verdean Chinese Caucasian/White
 Haitian Latino/Hispanic Native American
 Pacific Islander Bi-racial/Multiracial Other: _____

10. What is the highest level of education you have received?

- Grades K-8 Some College
 Some High School Some Vocational/ Post High School Training
 GED College Graduate
 High School Graduate Post-Graduate Work
 Graduate Degree

11. What is your Marital/Relationship status?

- Single/Never Married Partnered Married
 Separated Divorced Widowed

12. What is your Employment Status?

- Employed Outside Home Full-time (over 30 hr/wk) Full-time homemaker
 Employed Outside Home Part-time Unemployed Seeking Work
 Retired Unemployed Not Seeking Work

13. What is your Annual Income?

- Under \$14,999 Between \$15,000 and \$29,999
 Between \$30,000 and 44,999 Between \$45,000 and \$59,999
 Between \$60,000 and 74,999 Above \$75,000

25. Has a spouse/partner, family member or caregiver ever touched you in a way that made you uncomfortable or hurt you sexually in any way?
 Yes No
26. Has a spouse/partner, family member or caregiver put you down (saying things like "you are stupid" or "no one else will love you") or made fun of you?
 Yes No
27. Have you had any of the experiences described in questions 15–26 since you turned age 18 or older?
 Yes No
28. If you have personally experienced some form of family violence, who was the abuser(s)?
 Spouse/Partner Adult Sibling Other relative
 Adult Child Parent Other (who?)
 Adult grandchild Caregiver (PCA, Visiting Nurse, etc.)
29. Do you know any person with disabilities age 18 or older who has had the experiences described in questions 15–26?
 Yes No
30. Have you used any agency services in the community or reported to someone to get help with controlling or hurtful family members or caregivers?
 Yes No
31. If yes, whom did you contact/report to? (Check all that apply).
 Friend
 Family Member/Relative
 Neighbor
 Safe Passage (formerly Necessities/Necesidades)
 Womanshelter/Compañeras
 NELCWIT (New England Learning Center for Women in transition)
 Everywoman's Center
 Stavros Center for Independent Living
 Center for Living & Working (Worcester County)
 Ad-Lib (Berkshire County)
 Boston Center for Independent Living
 Other Independent Living Center (specify): _____
 Massachusetts Rehabilitation Commission
 Massachusetts Commission for the Blind
 Massachusetts Commission for the Deaf & Hard of Hearing
 Massachusetts Department of Mental Health
 Massachusetts Department of Mental Retardation
 Massachusetts Department of Social Services
 ServiceNet

- Community Enterprises
- Behavioral Health
- Mt. Tom Mental Health Center
- Other Mental Health center or agency (please specify): _____
- Disability Law Center
- Center for Public Representation
- Western Mass Legal Services, or other Legal Services office
- Disabled Persons Protection Commission (DPPC)
- Massachusetts Commission Against Discrimination (MCAD)
- Massachusetts Elder Protective Services
- Police Department (please specify): _____
- District Attorney (please specify): _____
- Other agency (please specify): _____

32. What support, services, or agencies were most helpful to you? Please comment. (Use another page if necessary.)

33. If you *did not* report, what would best describe the reason why? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Fear of losing housing and financial aid |
| <input type="checkbox"/> Did not think I would be believed | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Fear of retaliation | <input type="checkbox"/> Did not know whom to call |
| <input type="checkbox"/> Fear of police involvement | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Fear of losing independence | <input type="checkbox"/> My community does not utilize agencies |
| <input type="checkbox"/> Fear of losing privacy | <input type="checkbox"/> Other (specify) _____ |

C. SERVICES THAT MIGHT HELP PEOPLE WITH DISABILITIES

34. Please check all the services you think would be helpful for people with disabilities who are being hurt by a family member in your community. *Put a star by the 3 most important.*

- 24-hour crisis phone line (hotline)
- Safe shelter (safe emergency housing for someone who is in danger)
- Affordable long-term housing
- Someone to talk to/counseling
- Substance abuse (alcohol/drug) counseling
- Medical help/adaptive equipment
- Affordable/free legal help
- Protective orders (legal orders to keep a hurtful family member away)
- Arresting the hurtful family member
- Help with childcare
- Counseling for the hurtful family member
- Money for rent, food or medicine
- Help taking care of herself/himself and/or the house
- Help taking care of the hurtful family member if s/he is sick
- Help taking care of the family pet(s), service, or companion animal
- Respite care for family member or caregiver

- Someone to help if s/he needs to go to court
- Support groups
- Other (specify): _____

Support groups are meetings where people with similar experiences meet to help each other through difficult times. Often support groups provide an opportunity to break isolation and make new friends. We are considering starting a support group for people with disabilities who are living in controlling relationships in Hampshire county. Please answer the following questions about a possible support group.

35. Do you think there are people with disabilities in Hampshire County who would be interested in a support group about controlling relationships?
- Yes No Not sure
36. Where do you think would be a good place to hold a support group?
- Domestic violence program (Safe Passage)
 - Health care center
 - Senior Center/Council on Aging
 - Library
 - Church or other faith community facility
 - Casa Latina
 - STAVROS
 - Other (please suggest): _____
37. What time of day is best for a support group?
- 9 a.m.–11 a.m.
 - 10 a.m.–12 noon
 - 1 p.m.–3 p.m.
 - 5 p.m.–7 p.m.
 - 6 p.m.–8 p.m.
 - Other (please suggest): _____
38. Do you think most people with disabilities would need help with transportation to get to a group meeting?
- Yes No Don't know
39. The support group leaders should be:
- Only women Only men A man and a woman Doesn't matter
40. The support group leaders should be:
- Only people with disabilities Able-bodied and people with disabilities
- Doesn't matter
41. Please check all the topics that you think would be helpful for people with disabilities to discuss with others:

- Information about controlling relationships and why they happen
- Safety planning
- Legal options (protective orders, guardianships, custody, wills, divorce)
- Health problems
- Spiritual/religious issues
- Substance abuse (drugs or alcohol)
- Housing
- Someone to talk to after the abuse has ended
- Share their experiences
- Information about what they can do
- Information about what the person harming them can do to stop
- Information about how to leave a controlling and hurtful person
- Other agencies that can offer help in the community
- Other (specify): _____

42. What other suggestions do you have so we can help people with disabilities who are struggling with controlling and hurtful situations? _____

43. How should we let people with disabilities know about available help? (check as many as you wish)

- Posters/ fliers
- Radio ads
- Television ads
- Webpage
- Other (please suggest): _____
- Newspaper/ Advocate
- Presentations to disability groups
- Public TV announcement
- Computer bulletin board

44. Where should posters or brochures be placed? (check as many as you wish)

- Library
- Community center
- Senior Center/ Council on Aging
- Church or other faith community facility
- Bathrooms of restaurants and other public places
- Other please suggest:
- Beauty parlors/ barbershops
- PVTA buses (inside or outside)
- Healthcare setting

45. If you have recommendations or suggestions for better meeting your needs, please tell us:

46. Disability status: Please identify your disability or disabilities: _____

Thank you for taking the time to complete this survey!

Please return to:

Cindy Green, Safe Passage, Project Coordinator, 413-586-1125

43 Center St, Suite G, Northampton, MA 01060 Phone: Service Center 413-586-1125

Or leave at the front desk. If you have further questions or would like to talk to someone, you may call the *Safe Passage Hotline* 24/7 at **413-586-5066** or **toll-free 888-345-5282**, or

Fax 413-586-3742 or e-mail info@safepass.org.

Safe Passage Promising Practices Project
Service Provider Interview Questionnaire

Safe Passage, in conjunction with the District Attorney's Elders and Persons with Disabilities Unit, Stavros Center for Independent Living, and many community agencies serving people with disabilities, is conducting a year-long community needs assessment for persons with disabilities who have experienced domestic violence/sexual assault. One component of this assessment is individual interviews with key informants. Interviews will provide a broad range and depth of information from community members considered experts on this topic. Experts include clients/participants, their family members, and service providers.

As with other information gathering tools used in this year-long assessment, we are seeking to understand the nature of the help needed and received; the manner in which help was provided; the adequacy of the system response/overall satisfaction; specific barriers that prevented some/all needs being met; the impact of the current community response on the victim; and, the ideal systems response. By responding to the following questions, key informants will help us to identify themes across individuals, communities, and systems, and to isolate patterns and changes over time.

1. What agency are you from?
2. How long have you worked with people with disabilities?
3. What is your best professional estimate on the numbers/percentage of people with disabilities that have been abused by an intimate partner, caregiver, family member, PCA?
4. What percentage of those who are abused report that abuse?
5. If they do report the abuse, to whom do they report? (police, family/friend, civil agency, Safe Passage, EWC, STAVROS, PCA, etc.)
6. If victims do not report the abuse, why not? (list?)
7. In your estimate, what are the some of the basic support/services that people with disabilities victimized by crime need?
8. What support/services do victims readily receive that are helpful?
9. What support/services that are critically needed are not readily available?
10. What do you think are the major obstacles to accessing support/services?
11. Have you noticed any general patterns in systems' responses (strong or weak) to people with disabilities victimized by crime in terms of age, race/ethnicity, language, educational level, income, residence, sexual orientation, type of disability?

12. Can you comment on the impact on victims with disabilities of the current community response to crimes against them?
13. What can be done differently? What specific changes should be made? What solutions would you recommend to improve services for victims of crime with disabilities?

Thank you for responding to this questionnaire. Please return to _____
at your agency by December 8th, 2003.

**If you have concerns or questions about this project, please contact:
Cindy Green, Safe Passage, Project Coordinator, 413-586-1125**